

Kershaw (J. M.)

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CARE OF
MOTHER AND CHILD
IN THE
LYING-IN ROOM.

By J. MARTINE KERSHAW, M. D.,

ST. LOUIS, MO.

Professor of the Theory and Practice of Medicine in the Homeopathic Medical College of Missouri; Ex-Professor of Nervous Diseases of Women and Children in the Missouri School of Midwifery, etc. etc.

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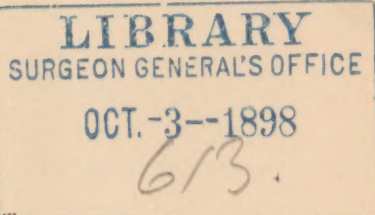
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CARE OF MOTHER AND CHILD IN THE LYING-IN ROOM.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

I wish to say a few words upon some practical matters relating to the care of mother and child in the lying-in room. Many of these are simple, and yet strict and careful attention to these little things—*not neglecting a single one*—oftentimes makes the success of a case from the onset of the first pain of labor, until mother and child are strong and well, and need no further care from the physician. I have attended many cases of labor, and have had my share of complicated ones—false presentations, instrumental deliveries, etc.,—and yet grave, careful, strict attention to every little detail of labor has, as it appears to me, given me more than ordinary success in the treatment of this most important class of cases. A little soreness of the child's eyes, a little hardening of the breasts, or a little fever, will oftentimes remain little things, if the physician is careful and watchful; but once beyond control, they may lead to endless trouble and suffering, and are not unfrequently associated with symptoms which place the life of the mother and child in jeopardy. Not every case can pass through a labor without some trouble—it may be little or very serious—but the majority can and will, if proper attention from both physician and nurse is given them. The bearing of a child is the most important and trying time of a woman's life, and she deserves, needs, and should have, all the attention, all the kindness, and all the sympathy that can be given her at this time. It is her right to have all of these, and no sacrifice, or attention, or cost is too great, that brings a wife safely through an *accouchement*, and gives father and mother a strong, healthy,

baby image of themselves. Every woman in a family-way should have some preparatory treatment.

MORNING SICKNESS

can generally be relieved and many times entirely cured; while the great depression of spirits from which some women suffer, while pregnant, can, in most instances, be overcome.

HIP BATHS

will help most pregnant women. They tend to gently relax the system, remove congestions, and modify the irritability of the womb. I think that women that take hip-baths with regularity, get through labor better, and suffer fewer complications.

THE FRUIT DIET.

The eating of fruit is generally helpful to pregnant women, and seems to prepare nature for the trial to come. It also tends to remove constipation. Moderate exercise should be taken daily, but straining or lifting should be strictly avoided. No violent exercise should be taken at all, as it does no good, and is apt to bring about a miscarriage.

CONSTITUTIONAL DISEASES

should also be treated if at all marked, as the patient is thus put in better physical condition to have a child, and the child itself is given a better start in life by having impurities or weaknesses removed from its system indirectly through the mother. Before the time of *accouchement*

A GOOD NURSE

should be secured. There are not a great many of these in every large city, yet I know some that deserve all the good that can be said of them. They are careful, clean, watchful. They follow strictly the instructions of the physician in charge of the case. They realize that he alone is responsible for the outcome of the case, and they follow his orders to the letter. They never neglect a medicine, application or measure, at the instance of the wife, husband, or outside relative, because it is troublesome or unpleasant. These things are often done, but

a good nurse never permits anything of the kind. Many, many times however, is a woman just over a labor given a glass of champagne, or wine, or a piece of broiled steak, just because somebody thinks she needs strength, "poor thing," and

THE DOCTOR NEED NEVER KNOW IT.

But when a violent and dangerous fever arises in the course of a few hours, not only does the doctor know something is wrong, but also the conscience-stricken, foolish people who undertook to deceive him, and thereby brought about a dangerous, and it may be, fatal disease. No physician should be engaged to take charge of a confinement at all, unless it is known that he is perfectly able to meet all emergencies that may arise. When such a physician is selected, his instructions should be followed to the letter, and

NO MEDDLESOME INTERFERENCE

permitted by anyone. The good nurse is quiet herself, and she has everything quiet about her. She admits to the sick-room only the immediate family of the patient. The good nurse has one other quality, that above all others, shines resplendent in her crown of virtues—

SHE DON'T TALK.

As soon as the child is born, my first efforts are directed to the breathing apparatus. I think the child should, as soon as possible, be made to cry, and cry loudly. In doing this it thoroughly fills the lungs. The dashing of cold water on the chest and abdomen is a very efficient and satisfactory mode of making a child breathe deeply. It has been my practice never to tie the cord until all pulsation has stopped. By this plan the first source of supply—the mother's blood—is never cut off until the second—the lungs—are in thorough working order. The one important thing to be done for the child at this time is to start it out in life

WITH A GOOD PAIR OF LUNGS,

and thorough inflation of these, the moment it is born, gives it *the* chance of its life-time. It is my opinion that many children start out in life with impaired breathing power, because the lungs are not properly inflated at the time of their birth. A strong child may stand it, but a child whose parents have weak lungs cannot afford anything but the best kind of a start in the way of a breathing apparatus. The attention required at this time is simple, it takes but a few moments to give it, and yet the health and happiness of a life-time of the

NATURALLY WEAK-LUNGED CHILD

may depend on the care its lungs get, when it first begins to use them. I don't think this matter should ever be neglected. It is the plain duty of the physician, and it is worth everything to the child. After the child is removed, I satisfy myself that the uterus is properly contracted, and if not, knead the fundus gently through the abdominal walls. I next turn my attention to

THE CHILD'S EYES.

I take four pieces of common muslin, two inches square; these are to cleanse the child's eyes with. While the nurse holds the babe, and gently separates the lids of one eye, I wipe it out carefully with one of the cloths which has been dipped in warm water. After cleaning the eyes the cloth is immediately thrown into the fire. The other eye is cleansed in the same way, and the cloth burned immediately after using. This process is repeated with each eye, to be sure that no offensive or contagious matter remains between the eye-lids. The nurse is instructed to cleanse the eyes in this manner four times a day for three successive days. I have had few cases of sore eyes in new-born children since I adopted this treatment, and as a rule, they are not sore at all. I always remove any blood in that part of the cord attached to the child first, and tie it afterward. I believe this simple precaution will almost cer-

tainly prevent *trismus neonatorum*. Why foreign matter should be tied up in the cord, with the chances of setting up inflammation of the navel, instead of being removed, as can be so easily done, is beyond my comprehension. And that this should have been the common practice for years, and be far from uncommon now, and this in the face of the many deaths that have occurred from trismus, associated with inflammation of the navel, is a wonder to one who looks at the matter from the stand-point of common sense. I seldom observe even the slightest evidence of inflammation of the navel since adopting this rule. Every mother

SHOULD BE BANDAGED.

after confinement. It supports the abdominal walls, gives her a sense of security and comfort, and tends to contract the uterus. The bowels need not be disturbed for several days, and then in case of discomfort, an enema will prove sufficient. A woman after labor, requires perfect rest and quiet, and no castor oil or other purgative is ever necessary. It never does good, and always causes useless suffering and may result in grave inflammatory disease. In lying-in hospitals where I have attended women, I have frequently observed that my cases to whom no oil was given, recovered quickly, and were up and about, while women in wards adjoining, who were purged immediately after labor, were still in bed, suffering and unhappy from the effects of a very common but

UNWISE AND PERNICIOUS PRACTICE.

Cleansing injections, I believe to be positively injurious within the first few days after labor. No healthy woman, who, after confinement is doing well, needs anything of the kind. I know it is supposed to be very scientific, and besides being scientific, it is also fashionable,—two very strong and urgent reasons which appear to justify the practice; but it is my opinion, derived from a very considerable experience, that

fashion and the kind of science referred to, should take a back seat, as a means of treatment, in a natural, healthy, confinement. Uterine colic is a very common and immediate result and very grave disease but too often follows. When real disease is present, such treatment is very useful, and indeed very necessary. No patient should raise her head from her pillow before the ninth day. This may seem a hardship to most women, but perfect quiet and rest at this time may mean years of comfort and happiness, while sitting up too soon after confinement almost certainly means a future of wretchedness and misery. A month before her confinement, the prospective mother should see that her

NIPPLES ARE WELL DEVELOPED.

If not, they should be drawn out by means of the breast pump, several times daily, until the birth of the child. Proper attention to this matter, will permit of the child nursing very shortly after birth (a very important matter), and also largely do away with the chances of having caked breasts. Every mother should

NURSE HER CHILD

if her health will permit of it. By so doing the child gets its natural food, and is therefore apt to thrive well, and secondly the mother is directly benefitted, as the act of nursing tends to contract and bring back to their proper size and condition, all of the pelvic organs. Ordinarily, little care or attention is given to the breasts until the child is put to nurse, and then, but too frequently, the nipples are found to be very small, and many times retracted. Then an endless amount of trouble and worry follows, which could have been entirely avoided had the breasts received proper attention in the manner and at the time indicated above. Many of the matters referred to in this paper are little things, but all are important, and no prospective mother can afford to neglect those things, which in a large degree tend to make labor natural and easy.

Kershaw J. Martine ^{ms.}
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